

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

22141 U.S. PTO
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 012604

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. 1.53(b)</small>	Attorney Docket No.	0746.2003-001
	First Named Inventor or Application Identifier	Masanori Terajima
	Express Mail Label No.	EV 214948841 US

Title of Invention	Identification of Gene Sequences and Proteins Involved in Vaccinia Virus Dominant T Cell Epitopes
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [30] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [4] <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input checked="" type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages [] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) <div style="text-align: center;">[] Pages</div> c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) | |
| <input checked="" type="checkbox"/> Assignee -
University of Massachusetts Medical Center
Worcester, MA 01605 | |
| 8. <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement |
| 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| 10. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 11. <input type="checkbox"/> Preliminary Amendment | |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard | |
| 13. <input type="checkbox"/> Small Entity Statement(s) | |
| 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 | |
| 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) | |
| 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> | |
| 16. <input type="checkbox"/> Other _____ | |

17. **If a CONTINUING APPLICATION**, check appropriate box; supply the requisite information.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: Group Art Unit:

The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference.
(Add standard Related Applications section with incorporation by reference to specification or update same)

18. CORRESPONDENCE ADDRESS

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